

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$6.33 for date of service 03/19/01.
- b. The request was received on 01/22/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 05/02/02
  - b. TWCC 66a
  - c. EOB
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 05/08/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor:

"The disputed issue is that the Carrier has only paid \$162.27 stating 'F' fee guidelines MAR reduction. We resubmitted the claims to the Carrier requesting additional payment. The Carrier denied the request for payment stating the same.

The expected out come of this issue is that we feel the claims should be paid. In accordance with the Pharmaceutical Fee Guideline Section II states for computing fair and reasonable fees, the following formula shall be utilized for brand name medications:  $AWP \times \text{number of units} \times 1.09 + \$4.00 = \text{MAR}$ . In this case the patient received 60 pills the AWP is  $251.69 \times .60 = 151.01 \times 1.09 = 164.60 + \$4.00 = 168.60$ . Therefore, reimbursement should be \$168.60 not the \$162.27 the Carrier paid."

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/19/01.
2. The denial listed on the EOB is "F-Fee Guidelines MAR Reduction."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/19/01	Celebrex 200mg #60	\$170.11	\$168.60	F	AWP x number units x 1.09 + \$4.00=MAR	MFG PFG (II)(A)(2)	According to Price Alert dated March 15, 2001, AWP is \$251.69 x .60 = 151.01x 1.09 = 164.60 + \$4.00 = \$168.60 to be reimbursed. The Provider billed in accordance with the referenced Rule. Therefore, additional reimbursement in the amount of <b>\$6.33</b> (\$168.60 - \$162.27 paid = \$6.33) is recommended.
<b>Totals</b>		\$170.11	\$168.60				The Requestor is entitled to reimbursement in the amount of <b>\$6.33</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$6.33 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20th day of June 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.